KANSAS DEPARTMENT ON AGING AND DISABILITY SERVICES

NURSE AIDE CONTINUING EDUCATION Instructor Roster

This information must be typed and completed by the instructor. Submit instructor roster to Health Occupations Credentialing after the candidates have successfully completed the course. **Please send no fee.**

Instructor			
Instructor Number:	Course Number:	Course Begins:/	/ Ends://
Sponsoring School :			
Address:			. <u></u>
The students on this rosts Course.	er satisfactorily completed the	specified hours of the Kansas	Nursing Home Aide Update
		/ /	
Authorized Signature		// Date	
Be sure to list each stud	ent name and the nurse aide certifi	cate number. We cannot process	s without this information.
INSTRUCTOR USE ONL NAME (Last, First, MI, Ot			AIDE ID#

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING 612 S KANSAS AVE TOPEKA KS 66603-3856